Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	005080	A. BUILDING _____ B. WING _____	08/01/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCISCAN ST MARGARET HEALTH - DYER	24 JOLIET ST DYER, IN 46311

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS This visit was for investigation of one State hospital complaint. Complaint Number: IN00100650 Substantiated with no deficiencies cited Date: 7/31/12 and 8/1/12 Facility Number: 005080 Surveyor: Linda Plummer, R.N. Public Health Nurse Surveyor Franciscan St. Margaret Health -Dyer is in compliance with 410 IAC 15-1.5-6, Nursing Services; 410 IAC 15-1.5-8, Physical Plant, maintenance, and environmental services; and 410 IAC 15-1.6.5, Optional Hospital Services, Psychiatric Services, Indiana Hospital Licensure Rules. QA: claughlin 08/21/12	S 000		